

SURVEY OF PROGRAMS for DC CHILDREN AND YOUTH 8-21

Organization Cover Sheet

Survey conducted by the Mayor's Blue Ribbon Commission on Youth Safety and Juvenile Justice Reform

This Survey is part of a city-wide study of youth development opportunities and needs. Results from this study will be used to determine ways to improve opportunities for youth development in this city. We would like to find out about the program services you provide for children and youth **age 8 to 21**, particularly for youth not enrolled in school. First, however, we need some general information about your organization.

Name of Organization: _____

Street Address: _____

City, ST Zip Code: _____

Telephone Number: _____

Fax: _____

Website: _____

Contact Person: _____

Address (if different from above): _____

City, ST Zip Code: _____

Telephone Number: _____

Email address: _____

Check if your agency received any funding from the following sources (Check all that apply):

☐

Federal Government

☐

District Government

☐

Foundation

☐

Combined Federal Campaign

☐

United Way

Is your organization a Non-Profit 501(C)(3) Organization? ☐ YES ☐ NO

What year was your organization founded or started? _____

Total Number of Locations for this Organization: _____

Total Number of Distinct Programs for Children and Youth Age 8 to 21: _____

Please complete all three pages of a **Program Survey Form** for **each distinct program** your organization provided to youth during the last year.

Please complete only one copy of this **ORGANIZATION COVER SHEET** and mail it back together with your **PROGRAM SURVEY FORM(S)**. Approximate answers are sufficient if exact answers would require you to miss our **mail deadline (9/04/2001)**.

If you have any questions, please contact Ali Basir by email (ali.basir@dc.gov) or by Phone (202-727-2809).

THANK YOU FOR YOUR COOPERATION.

SURVEY OF PROGRAMS for DC CHILDREN AND YOUTH 8-21

Program Survey Form

**Survey conducted by the Mayor's Blue Ribbon Commission on
Youth Safety and Juvenile Justice Reform**

PROGRAM NAME _____

Organization Name _____

DIRECTOR:

Name _____

Telephone Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Email Address: _____

WHAT:

Describe Program:

Methodology of Program:

Program Objectives:

How are Outcomes Measured:

WHERE? Describe the type of facility and exact address of the place used for the youth program.

Please check the box next to only **ONE** category that **BEST** describes the place where the program meets **MOST OFTEN**.

☐

Church

☐

Community Center

☐

School

☐

Outdoors (e.g., Park)

☐

Provider's Facility

☐

Provider's Home

☐

Other location -- Please **SPECIFY** _____

Street Address for facility above _____

Zip Code for facility above _____

WHERE? (continued)

Do any young people commute from outside the general neighborhood? ☐ YES ☐ NO

If so, how many commute? _____

WHEN and HOW LONG? We would like to learn something about your hours of operation and the length-of-stay for a typical participant during the most recently-completed program year.

1. During what **season of the year** did this program operate? (*Check one answer*)

- ☐ Year-round ☐ School-year (Sept-May) ☐ Summer
☐ Other -- Please **SPECIFY** _____

2. **How many weeks per year** did this program operate?.....

3. On which **days of the week** was it open? (Check off **every** day you were open)

- ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

4. Between what **hours of the day** was it open on those days? _____

5. During weeks when this program was open, **how many hours per week** was it open?..... _____

6. **How many weeks** did the **typical** youth participate in the program?.....

7. During a **typical** week: **How many children** age 8-14 participated?..... _____

How many youth age 15-21 participated?..... _____

Among those who participated, **how many hours** did the **average** youth participate?..... _____

WHO? We would like to learn about the populations you served and your staffing last year.

1. In **total**, how many children and youth age 8-21 **participated in this program** last year (your most recent program year) and how many **fit into the categories** indicated below?

Category	Number (please fill in)
Total Children and Youth Participants Last Program Year	
Total Children and Youth Participants Living in Poverty	
Total Children and Youth participants Who Were Ex-offenders or Court-Involved	

2. Fill in the **number** of participants last program year **by gender** and by **school enrollment status**.

Category	Male	Female
Number of Youth Enrolled in School		
Number of Youth Not Enrolled in School		

3. During a **typical** week last program year, **how many paid and volunteer staff positions** did this program have:

PAID Staff Positions _____ **VOLUNTEER Staff Positions** _____

CAPACITY and RELATIONSHIPS with other ORGANIZATIONS

1. Within the past **three** years, what is the **largest number** of youth you have served at the same time?. _____
2. **How many** youth are on your waiting list?. _____
3. Including the youth already in your program, **how many** youth could you accommodate in this program without adding new staff or facilities?. _____
4. Is your program **affiliated** with any national youth development organization? ☐ **YES** ☐ **NO**
Which one? _____

CERTIFICATION

I, _____, Director of the foregoing program certify that the information in the organization cover sheet and program survey form is true and accurate.

Signed: _____

Program Director: _____

Thank You for Participating in the Survey of Programs for DC Youth 8-21.

If you have any questions regarding this survey, you may contact Ali Basir by phone at (202) 727-2809, fax at (202) 727-0246, or by email at ali.basir@dc.gov

In order for this survey to be validated the Director must execute the certification, and mail or fax the cover sheet and program survey by September 4, 2001 to:

Ali Basir
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Office of the Deputy Mayor for Children, Youth and Families
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Washington, DC 20001
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